

apply today. So rejoice in that these are tumultuous times, for we are still in medicine's great age.

In spite of the perceptions of imbalance that make up this rather dire description of the state of our profession, we remain optimistic about the future, because of our long history of concern for the well-being of our patients and our desire for excellence. Although in a period of moderation

now, the yang will return to achieve its rightful balance.

This will come about because a significant change is occurring in organized medicine. Just as the ascendancy of the yin began with a political change within the American Medical Association in the 1930s, so will the ascendancy of the yang occur as new leaders emerge unfettered by the preconceptions of the past.

Poison Control

FOR GASTROINTESTINAL DECONTAMINATION, the method that we recommend with respect to a sequential approach, is, first and foremost, the administration of activated charcoal. It doesn't exactly taste bad, because the stuff really has no taste. It's like having a wad of year-old peanut butter stuck to the roof of your mouth. We find that instead of eating activated charcoal with a spoon, if you can get a fairly dilute suspension, it goes down relatively easily because the patients tend not to get the big lumps trapped in around their tonsils.

Studies have shown that if you start out with an appropriate dose of activated charcoal and administer that about 20 minutes before gastric lavage, you can actually double what you're going to recover with gastric lavage.

Another advantage of using charcoal before lavage is that after you've used activated charcoal, you can always tell when the stomach is finally empty. When the aliquots of lavage fluid stop coming back black as midnight, you know that the stomach is pretty much as empty as it's going to be. Then, you can go ahead with the additional administration of activated charcoal, followed, of course, by the use of pulse charcoal.

By and large, just looking at the figures from a variety of studies that have been done, we can probably decrease absorption or recover up to 70% or even 80% of an ingested dose of medication if we are able to establish these gastrointestinal decontamination techniques on a timely basis. If we can do that, we are going to remove two to three times what we've ever been able to remove with the old method of using syrup of ipecac.

—MICHAEL V. VANCE, MD

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